

18856 JUN 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18856  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Swain Registration District No. 404  
 (b) Township Union Primary Registration District No. 3538  
 (c) City Grandview (d) Street No. Grandview Mo. R.F.D. #1 Registered No. 24  
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Martha L. Henry  
 (a) Residence, No. Grandview Mo. R.F.D. #1 St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Wayne Henry  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1868  
 7. AGE YEARS 71 MONTHS 1 DAYS 26 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leslie Arkansas  
 FATHER 13. NAME Zack Parks  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas  
 MOTHER 15. MAIDEN NAME Bradshaw  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT (ADDRESS) J. Henry Grandview Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE June 3, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Cooper, Sr. Brush Creek & Fosse  
 20. FILED 6-5- 1939 Mrs. Jos. J. Brennan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1939 to May 30, 1939  
 I last saw her alive on May 28, 1939 Death is said to have occurred on the date stated above, at 6 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary occlusion  
 Date of onset 5.30 P. M.  
 Other contributory causes of importance: Arteriosclerosis  
 Name of operation none Date of .....  
 What test confirmed diagnosis? clinical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19...  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. ....  
 Manner of injury .....  
 Nature of injury .....  
 24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) R. F. Dransfield M. D.  
 (Address) Martin City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Washburn City  
Springdale 3211 J  
any time*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed..... *Will Carr*

Licensed Embalmer No. *3976*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**